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MULTIPLE DE NDENT CLAIM SERIAL NO. FILING DATE FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) APPLICANT(S) CLAIMS AFTER AFTER **AFTER** AFTER **AS FILED AS FILED** I"AMENDMENT 2 MENDMENT I" AMENDMENT 2 - AMENDMENT DEP. IND. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. TOTAL IND TOTAL IND TOTAL DEP TOTAL DEF TOTAL CLAIMS TOTAL

PTO - 1360 (REV. 11/04)

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